

EDITORIALS

WHAT IS NAPRAPATHY?

The Journal is not infrequently asked this question. We will answer it by quotations from "The Pacific Naprapath," published apparently by one "Dr." H. D. Reynard. The opening article in Vol. 1, No. 1, is by "Dr." Oakley (not Dudley) Smith, "founder and president of the Chicago College of Naprapathy." The leading editorial states: "If I were speaking to the readers of this paper in a group and should mention some object with which they were all familiar, it is very improbable that any two would think of it in the same way. Take the word organ, for instance, one would immediately think of the great pipe organ in their church; another, the little organ down at the Mission; still another, the little parlor organ they had at home when a child, or if some one happens to be a student of anatomy he thinks of the organs of the body, organ of hearing, seeing, breathing or some other of the bodily organs." Some of the questions and answers published on page five are: "Does naprapathy teach that displaced vertebrae cause disease? No, because naprapathy has proven in laboratory and clinic that vertebrae do not become displaced, or get out of place. On the contrary, they get too much in place, are drawn too closely together. Does the naprapath 'adjust' the vertebrae? No, he uses the vertebrae as levers to stretch shrunken and contracted ligaments. Does naprapathy teach that the nerves are pinched by the bones of the spine? No. It teaches that the nerve function is impaired by the contraction of the connective tissue through which the nerves pass. Naprapathy teaches that the real disease is the shrunken ligament, and that conditions in the body heretofore believed to be disease are but the symptoms of the real disease in the ligament, THE LIGATIGHT, the predisposing cause."

Now if you don't know what Naprapathy is, ask one of your friends to get you a copy of the pamphlet referred to and study the illustrations.

IMPROVEMENT IN MEDICAL EDUCATION AND LICENSURE

The Journal of the American Medical Association in a recent number published the annual statistics regarding the conditions governing licensure for those who treat the sick in all states of the United States. There is much that is encouraging in these figures. Nearly 80 per cent of all licenses issued during last year were to graduates of Class A medical schools. The gain in this respect has been healthy and gradual year after year and conditions seem to be favorable for further gains. There are some sad situations in a few states. Connecticut and Arkansas are almost open shop for the licensure of the poorly educated and some of those licensed last year apparently had not even made gestures at education. Of the seventy-four osteopaths licensed as physicians and

surgeons last year in the entire United States, forty-eight were licensed in California, thirteen in Massachusetts, eight in Colorado and five in Texas. These licentiates, graduates of colleges seriously deficient in instructional facilities, were given by law all the responsibilities of doctors of medicine, including the right to prescribe narcotics and alcohol. Let us hope in the interest of the health and happiness of their public that some of them at least will make up their educational deficiencies and not rest too heavily upon their political title.

The statistics do not go into the problem of the licensure of the great variety of sects who claim to believe they can "cure" disease by some sort of hocus-pocus without a knowledge of the anatomy, physiology and chemistry of the human body and the natural history of disease. Nor do the statistics include those "doctors" who are above the law, who treat alleged diseases by alleged superior contact with God and who "heal" (?) without special education, without authorization by law, without regulation and without taxation.

NEW YORK TAKES ANOTHER STEP IN THE SOCIALIZATION OF MEDICINE AND PUBLIC HEALTH

Physicians have watched with interest the progress of the "State medicine" program promoted by public health organizations of New York. According to their own publication, their program of "health centers" failed to pass the legislature in 1920 and 1921 because of the opposition of physicians. The last legislature passed a law providing "that when any county containing no first or second-class city should undertake a new public health project and make an appropriation therefor, either for small hospitals in rural districts or for public health activities of any other kind, the State should appropriate a similar amount dollar for dollar. The State Commissioner of Health must certify that the work undertaken is necessary and in conformity with the standards of the Department of Health."

The State Board of Health congratulate themselves upon the success of this measure in the following ingenuous language:

"It is gratifying that the outcry over the imaginary dangers of 'socialism' and 'State medicine' has been absent from the whole course of this year's consideration of the question. On the contrary, New York State has quietly and rationally attacked a problem which equally exists in other parts of the country, and has taken a promising step in the direction of its solution. This has been accomplished amid good feeling through the application of the required amount of that American common sense which meets new conditions with concrete and expedient measures, and does not stop to worry too much about the abstract economic implications."

Many of the men in authority at the New York State Board of Health headquarters are well-known physicians. Some of them are also well versed in State politics of which they are an essential element. They are not unknowingly misleading them-

selves and they, of course, know that they have not and will not succeed in converting physicians to believe in State medicine. We doubt if their educational training and experience will permit them to believe that their movement will prove of practical benefit to the people of the state. In fact, they intimate as much in their statement, which pronounces their new law an "expedient measure."

GRADUATE INSTRUCTION

An interesting and important movement in the cause of better medicine is described in an address by T. C. Routley, published in this issue of the JOURNAL. Doctor Routley, who is secretary of the Canadian Medical Association, was a guest of the California Medical Association, and gave his address by invitation.

It is believed that officers, program committees, and members of county medical societies will be encouraged and gain inspiration from careful reading of this address.

Other medical organizations have attempted to develop along similar lines, but so far as we know none has laid its plans so carefully or followed them out so successfully as Canada. Papers, addresses, and clinics by voluntary action of members have been offered to county societies in California for some years, and some progress has been made in developing the plan. But we have not attained the success that the importance of the movement deserves. Would it not be a splendid thing to catch the spirit and enthusiasm outlined for us by Dr. Routley and apply it in California?

County societies that are interested will be met in a sympathetic manner if they will write to Emma W. Pope, secretary California Medical Association.

WHAT DOES THIS PORTEND?

The following is taken from an address by a Professor Freeman, M. D., of the Johns Hopkins School of Public Health delivered at the New York health officers' conference. This abstract and more of this speech is published in the weekly bulletin of the California Board of Health:

"It seems probable that for rural areas at least medical health service of the future will center about the county hospital. Such a hospital, with a whole-time staff on a salary basis, with its attached out clinics, will be the chief source of medical service. To it will come all the seriously sick of the county, all maternity cases, all obscure chronic complaints, for diagnosis by every available means and for treatment, the best that can be had. Out from the hospital will go the visiting nurses, covering the whole county, doing what we know as public health nursing as well as ordinary visiting nursing, if there is any distinction between the two. The private practitioners of the county will be mainly concerned with the health supervision of their patients. They will probably be paid on an annual fee basis and will have approximately 1000 patients each. Everyone will be under constant supervision.

There will be no need of much of what we ordinarily call health work. It will be the routine, normal activity of the whole medical service. The medical director of the county will be in charge of the whole organization, under a board of trustees. The whole will be supported in part from State and local funds, but largely from the payments of patients. The savings in medical and surgical fees which would result from having a single consulting physician and a single surgeon, kept constantly busy with an even flow of material, instead of having several practicing over a large area and spending most of their time going to and fro as at present, 'would be great.'"

This speech was not delivered in Moscow, but in New York. There were other addresses of the same general trend, although they did not go quite so far nor were they quite so frank in the statements of purpose. Recently, another public health specialist from New York was paid to come to San Francisco and "survey" the hospital and health field. He recommended that the San Francisco County Hospital be opened to patients who can pay small fees. This, of course, would be an important practical step in developing the program so frankly outlined by Professor Freeman.

UTAH MEDICAL ASSOCIATION

Beginning with the August, 1923, number, the Journal of the California Medical Association became the official organ of the Utah Medical Association. The Journal has been the official organ of the Nevada Medical Association for more than a year.

Each of these two States will have an associate editor on the Journal, and the combined representation of the three State organizations gives to the Journal increased circulation, and increases its field of usefulness in every way.

The contact with the Utah Medical Association is shown in the following abstract from the minutes of their council:

"At our last meeting it was suggested to use the California State Journal of Medicine as our official organ instead of Northwest Medicine. The House of Delegates referred this matter to the council to investigate with power to act. After much deliberation, we have unanimously decided the best interests of the members of the Utah State Medical Association can be obtained through the adoption of the California State Journal of Medicine, which is recognized as an ideal medical journal, and was so exhibited at a recent meeting of the American Medical Association. Therefore, commencing with August of this year, you will receive your first issue of this magazine.

With this change goes also the appointment of an associate editor and, after counsel with your president, we have chosen a man whom we feel will fill this position in a creditable manner for this association, and we trust the secretaries of the component county societies will feel free to furnish the associate editor with all locals which will be of interest to the medical profession."